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NOVEMBER 2016

Health

GoodRx



bulletin

Please visit the easy-to-use www.goodrx.com website for:

- Instant access to the lowest prices for prescription drugs at more than 75,000 pharmacies
- Coupons and savings tips that can cut your prescription costs by 50% or more
- Information on side effects, pharmacy hours and locations, pill images, and much more

Formulary Drug Removals

Attached as a separate document is a list of medicines by drug class that will be removed from your plan's formulary.

This list is effective January 1, 2017.

If you continue using one of the drugs identified as a "Formulary Drug Removal," you may be required to pay the full cost. If you are currently using one of the Formulary Drug Removal medications, ask your doctor to choose one of the generic or brand formulary options provided in the attachment.

If you have any questions, please call CVS customer care: (855) 248-3447



Check out the attached redesign of the AmeriBen website, and visit: www.MyAmeriBen.com

NOVEMBER IS AMERICAN DIABETES MONTH



NOVEMBER
2016
SHARE
YOUR
STORY

Did you know that 1 in 11 Americans—29 million of us—have diabetes? Despite its prevalence, diabetes is an invisible disease. It affects men and women, people young and old, and people of all races, shapes, and sizes. Often there are no outward signs of this chronic illness. That's why there is a critical need to foster awareness and education, while breaking down stereotypes, myths, and misunderstandings about this growing public health crisis affecting so many of us.

This is *how you can get involved*.

- SHARE** Share your story, photo or video on social media using #ThisIsDiabetes
- ADVOCATE** Become an advocate to help ensure diabetes gets the attention it deserves
- DONATE** Donate to help make the Association's critical work possible
- POST** Use the new Facebook profile picture frame to tell the world "This is Diabetes" all month long

Visit diabetes.org/adm or call 1-800-DIABETES



1 in 11
Americans has diabetes today.



Every **23 seconds**, someone in the U.S. is diagnosed with diabetes.



86 million Americans are at risk for diabetes.



Diabetes causes more deaths than AIDS and breast cancer combined.

MyAmeriBen.com has a New Look!

We are excited to introduce the newly redesigned
MyAmeriBen.com

The image displays three overlapping screenshots of the MyAmeriBen.com website. The leftmost screenshot shows the homepage with a 'Welcome to MyAmeriBen' message, a 'Need Help?' section, and login/signup options for members, providers, and employers. The middle screenshot shows a user's dashboard for 'Sam Jones', featuring a 'Welcome Sam Jones' message, a 'Coverage Summary' table, and 'Current Balances' for MED Coinsurance Out-Of-Network. The rightmost screenshot shows a 'Print' page with a table of benefit coverage details.

Type	Amount Met	Max Amount	Percent Met
Individual	\$300.00	\$300.00	100%
Individual	\$0.00	\$1,500.00	0%
Individual	\$0.00	\$500.00	0%
Individual	\$300.00	\$600.00	50%
Family	\$200.00	\$3,000.00	7%
Family	\$900.00	\$900.00	100%
Family	\$200.00	\$1,000.00	20%
Family	\$1,007.50	\$1,800.00	56%

In addition to being able to view benefit coverage, claim information and print temporary ID cards, this more intuitive redesign has been enhanced to allow you to see your usage at a glance via dashboard and graph.



Access MyAmeriBen.com anywhere on any computer, tablet or smart phone!

**GO TO WWW.MYAMERIBEN.COM
AND START EXPLORING**

**Our corporate website, AmeriBen.com,
has been redesigned, too. Check it out at
AmeriBen.com**



Formulary Drug Removals

Below is a list of medicines by drug class that have been removed from your plan's formulary. This list is effective January 1, 2017. If you continue using one of the drugs listed below and identified as a Formulary Drug Removal, you may be required to pay the full cost.

If you are currently using one of the formulary drug removals, ask your doctor to choose one of the generic or brand formulary options listed below.

Bolded products represent formulary drug removals that are new for the 2017 plan year.

Category * Drug Class	Formulary Drug Removals	Formulary Options
Allergic Reaction (Anaphylaxis) Treatment *	ADRENACLICK	EPIPEN, EPIPEN JR
Allergies * Nasal Steroids / Combinations	BECONASE AQ OMNARIS QNASL RHINOCORT AQUA VERAMYST ZETONNA	<i>flunisolide spray, fluticasone spray, triamcinolone spray, DYMISTA</i>
Allergies * Ophthalmic	LASTACAFT	<i>azelastine, cromolyn sodium, olopatadine, PATADAY, PAZEO</i>
Anti-infectives, Antivirals * Cytomegalovirus Agents	VALCYTE	<i>valganciclovir</i>
Anti-infectives, Antivirals * Hepatitis C Agents	DAKLINZA OLYSIO TECHNIVIE VIEKIRA PAK ZEPATIER	EPCLUSA, HARVONI, SOVALDI
Anti-infectives, Antivirals * Herpes Agents	VALTREX	<i>acyclovir, valacyclovir</i>
Antiobesity Agents * Newer Agents	QSYMIA	BELVIQ, CONTRAVE, SAXENDA
Asthma * Beta Agonists, Short-Acting	PROVENTIL HFA VENTOLIN HFA XOPENEX HFA	PROAIR HFA, PROAIR RESPICLICK
Asthma * Steroid Inhalants	AEROSPAN ALVESCO	ASMANEX, FLOVENT, PULMICORT FLEXHALER, QVAR
Asthma * or Chronic Obstructive Pulmonary Disease (COPD) * Steroid / Beta Agonist Combinations	SYMBICORT	ADVAIR, BREO ELLIPTA, DULERA
Attention Deficit Hyperactivity Disorder Agents *	ADDERALL XR INTUNIV	<i>amphetamine-dextroamphetamine mixed salts, amphetamine-dextroamphetamine mixed salts ext-rel, guanfacine ext-rel, methylphenidate, methylphenidate ext-rel, APTENSIO XR, QUILLIVANT XR, STRATTERA, VYVANSE</i>
Cancer * Chronic Myelogenous Leukemia Agents	GLEEVEC TASIGNA	<i>imatinib mesylate, BOSULIF, SPRYCEL</i>
Cancer * Prostate Hormonal Agents, Antiandrogens	NILANDRON XTANDI	<i>bicalutamide, ZYTIGA</i>

Category * Drug Class	Formulary Drug Removals	Formulary Options
Cardiovascular Antilipemics * Fibrates	TRICOR	<i>fenofibrate, fenofibric acid</i>
Cardiovascular Antilipemics * HMG-CoA Reductase Inhibitors (HMGs or Statins) / Combinations	ADVICOR ALTOPREV CRESTOR LESCOL XL LIPITOR LIPTRUZET LIVALO	<i>atorvastatin, fluvastatin, lovastatin, pravastatin, rosuvastatin, simvastatin, VYTORIN</i>
Cardiovascular Potassium Supplements *	KLOR-CON/25	<i>potassium chloride liquid</i>
Cardiovascular Pulmonary Arterial Hypertension Agents * Endothelin Receptor Antagonists	OPSUMIT	LETAIRIS, TRACLEER
Carnitine Deficiency Agents *	CARNITOR CARNITOR SF	<i>levocarnitine</i>
Chronic Obstructive Pulmonary Disease (COPD) * Anticholinergics	INCRUSE ELLIPTA TUDORZA	SPIRIVA
Cystic Fibrosis * Inhaled Antibiotics	TOBI TOBI PODHALER	<i>tobramycin inhalation solution, BETHKIS</i>
Depression * Antidepressants, Selective Norepinephrine Reuptake Inhibitors (SNRIs)	<i>venlafaxine ext-rel tablet (except 225 mg)</i> CYMBALTA	<i>duloxetine, venlafaxine, venlafaxine ext-rel capsule, PRISTIQ</i>
Depression * Antidepressants, Miscellaneous Agents	OLEPTRO	<i>trazodone</i>
Depression *, Schizophrenia * Antipsychotics, Atypicals	ABILIFY	<i>aripiprazole, clozapine, olanzapine, quetiapine, risperidone, ziprasidone, LATUDA, SEROQUEL XR</i>
Dermatology Actinic Keratosis *	<i>fluorouracil cream 0.5%</i> CARAC	<i>fluorouracil cream 5%, fluorouracil solution, Imiquimod, PICATO, ZYCLARA</i>
Dermatology Rosacea *	NORITATE	<i>metronidazole, sulfacetamide-sulfur, FINACEA, SCOLANTRA</i>
Dermatology Skin Inflammation and Hives * Corticosteroids	<i>clobetasol spray</i> CLOBEX SPRAY OLUX-E	<i>clobetasol foam</i>
	APEXICON E	<i>desoximetasone, fluocinonide</i>
Dermatology Miscellaneous Skin Conditions *	ALCORTIN A ALOQUIN NOVACORT	<i>hydrocortisone</i>
Diabetes * Biguanides	FORTAMET GLUMETZA RIOMET	<i>metformin, metformin ext-rel</i>
Diabetes * Dipeptidyl Peptidase-4 (DPP-4) Inhibitors	NESINA ONGLYZA	JANUVIA, TRADJENTA

Category * Drug Class	Formulary Drug Removals	Formulary Options
Diabetes * Dipeptidyl Peptidase-4 (DPP-4) Inhibitor Combinations	KAZANO KOMBIGLYZE XR OSENI	JANUMET, JANUMET XR, JENTADUETO, JENTADUETO XR
Diabetes * Injectable Incretin Mimetics	BYDUREON BYETTA	TRULICITY, VICTOZA
Diabetes * Insulins	APIDRA HUMALOG	NOVOLOG
	HUMALOG MIX 50/50	NOVOLOG MIX 70/30
	HUMALOG MIX 75/25	NOVOLOG MIX 70/30
	HUMULIN 70/30 ¹	NOVOLIN 70/30 ¹
	HUMULIN N ¹	NOVOLIN N ¹
	HUMULIN R ¹	NOVOLIN R ¹
	NOTE: Humulin R U-500 concentrate vial will not be subject to removal and will continue to be covered.	
Diabetes * Long Acting Insulins	LANTUS TOUJEO	BASAGLAR, LEVEMIR, TRESIBA
Diabetes * Insulin Sensitizers	ACTOS	<i>pioglitazone</i>
Diabetes * Sodium-Glucose Co-transporter 2 (SGLT2) Inhibitors	INVOKANA	FARXIGA, JARDIANCE
Diabetes * Sodium-Glucose Co-transporter 2 (SGLT2) Inhibitor / Biguanide Combinations	INVOKAMET	XIGDUO XR
Diabetes * Supplies, Pen Needles	ALLISON MEDICAL PEN NEEDLES NOVO NORDISK PEN NEEDLES ULTIMED PEN NEEDLES All other insulin pen needles that are not BD brand	BD PEN NEEDLES
Diabetes * Supplies, Syringes	ALLISON MEDICAL INSULIN SYRINGES TRIVIDIA INSULIN SYRINGES ULTIMED INSULIN SYRINGES All other insulin syringes that are not BD brand	BD INSULIN SYRINGES
Diabetes * Supplies, Test Strips and Kits ^{2, 3}	ACCU-CHEK STRIPS AND KITS BREEZE 2 STRIPS AND KITS CONTOUR NEXT STRIPS AND KITS CONTOUR STRIPS AND KITS FREESTYLE STRIPS AND KITS ⁴ All other test strips that are not ONETOUCH brand	ONETOUCH ULTRA STRIPS AND KITS ² , ONETOUCH VERIO STRIPS AND KITS ²
Erectile Dysfunction * Phosphodiesterase Inhibitors	LEVITRA VIAGRA	CIALIS
Gastrointestinal Agents * Opioid-induced Constipation	RELISTOR	MOVANTIK

Category * Drug Class	Formulary Drug Removals	Formulary Options
Gastrointestinal Agents * Proton Pump Inhibitors (PPIs)	NEXIUM PREVACID PROTONIX ZEGERID	esomeprazole, lansoprazole, omeprazole, omeprazole-sodium bicarbonate capsule, pantoprazole, DEXILANT
Glaucoma * Prostaglandin Analogs	LUMIGAN	latanoprost, travoprost, TRAVATAN Z, ZIOPTAN
Growth Hormones *	GENOTROPIN NUTROPIN AQ OMNITROPE SAIZEN	HUMATROPE, NORDITROPIN
Hematologic Anticoagulants (oral) *	PRADAXA	warfarin, ELIQUIS, XARELTO
Hematologic Hemophilia Agents *	HELIXATE FS	KOGENATE FS
Hematologic * Neutropenia Colony Stimulating Factors	NEUPOGEN	ZARXIO
Hematologic * Platelet Aggregation Inhibitors	PLAVIX	clopidogrel, BRILINTA, EFFIENT
High Blood Pressure * Angiotensin II Receptor Antagonists	ATACAND DIOVAN EDARBI TEVETEN	candesartan, eprosartan, irbesartan, losartan, telmisartan, valsartan, BENICAR
High Blood Pressure * Angiotensin II Receptor Antagonist / Diuretic Combinations	ATACAND HCT DIOVAN HCT EDARBYCLOR TEVETEN HCT	candesartan-hydrochlorothiazide, irbesartan-hydrochlorothiazide, losartan-hydrochlorothiazide, telmisartan-hydrochlorothiazide, valsartan-hydrochlorothiazide, BENICAR HCT
High Blood Pressure * Angiotensin II Receptor Antagonist / Calcium Channel Blocker Combinations	EXFORGE	amlodipine-telmisartan, amlodipine-valsartan, AZOR
High Blood Pressure * Angiotensin II Receptor Antagonist / Calcium Channel Blocker / Diuretic Combinations	EXFORGE HCT	amlodipine-valsartan-hydrochlorothiazide, TRIBENZOR
High Blood Pressure * Beta-blocker Combinations	DUTOPROL	metoprolol succinate ext-rel WITH hydrochlorothiazide
High Blood Pressure * Calcium Channel Blockers	NORVASC	amlodipine
	CARDIZEM CARDIZEM CD CARDIZEM LA (and its generics) Matzim LA	diltiazem ext-rel (except generic of CARDIZEM LA)
Huntington's Disease Agents *	XENAZINE	tetrabenazine
Inflammatory Bowel Disease (IBD), Ulcerative Colitis * Aminosalicylates	ASACOL HD DELZICOL	balsalazide, sulfasalazine, sulfasalazine delayed-rel, APRISO, LIALDA, PENTASA, UCERIS
Kidney Disease * Phosphate Binders	FOSRENOL	calcium acetate, PHOSLYRA, RENVELA, VELPHORO

Category * Drug Class	Formulary Drug Removals	Formulary Options
<i>Multiple Sclerosis Agents *</i>	AVONEX EXTAVIA PLEGRIDY	<i>glatiramer</i> , AUBAGIO, BETASERON, COPAXONE 40 MG, GILENYA, REBIF, TECFIDERA
<i>Musculoskeletal Agents *</i>	AMRIX	<i>cyclobenzaprine</i>
<i>Opioid Dependence Agents *</i>	ZUBSOLV	<i>buprenorphine-naloxone sublingual tablet</i> , SUBOXONE FILM
<i>Opioid Reversal Agents *</i>	EVZIO	NARCAN NASAL SPRAY
<i>Osteoarthritis *</i> Viscosupplements	EUFLEXXA MONOVISC ORTHOVISC	GEL-ONE, HYALGAN, SUPARTZ FX
<i>Overactive Bladder / Incontinence *</i> Urinary Antispasmodics	DETROL LA ENABLEX GELNIQUE OXYTROL	<i>oxybutynin ext-rel</i> , <i>tolterodine</i> , <i>tolterodine ext-rel</i> , <i>tropium</i> , <i>tropium ext-rel</i> , MYRBETRIQ, TOVIAZ, VESICARE
<i>Pain *</i> Headache Agents	<i>butalbital-acetaminophen-caffeine capsule</i>	<i>naratriptan</i> , <i>rizatriptan</i> , <i>sumatriptan</i> , <i>zolmitriptan</i> , RELPAX, ZOMIG NASAL SPRAY
<i>Pain *</i> Transmucosal Immediate-release Fentanyl Agents	ABSTRAL	<i>fentanyl transmucosal lozenges</i> , FENTORA, SUBSYS
<i>Pain and Inflammation *</i> Corticosteroids	DEXPAK MILLIPRED RAYOS	<i>dexamethasone</i> , <i>methylprednisolone</i> , <i>prednisone</i>
<i>Pain and Inflammation *</i> Nonsteroidal Anti-inflammatory Drugs (NSAIDs) / Combinations	ARTHROTEC	<i>celecoxib</i> ; <i>diclofenac sodium</i> , <i>meloxicam</i> or <i>naproxen</i> WITH <i>esomeprazole</i> , <i>lansoprazole</i> , <i>omeprazole</i> , <i>omeprazole-sodium bicarbonate capsule</i> , <i>pantoprazole</i> or DEXILANT
	PENNSAID	<i>diclofenac sodium</i> , <i>diclofenac sodium solution</i> , <i>meloxicam</i> , <i>naproxen</i> , VOLTAREN GEL
	NAPRELAN	<i>celecoxib</i> , <i>diclofenac sodium</i> , <i>meloxicam</i> , <i>naproxen</i>
<i>Prostate Condition *</i> Benign Prostatic Hyperplasia Agents / Combinations	JALYN	<i>dutasteride</i> or <i>finasteride</i> WITH <i>alfuzosin ext-rel</i> , <i>doxazosin</i> , <i>tamsulosin</i> , <i>terazosin</i> or RAPAFLO
<i>Sleep *</i> Hypnotics, Non-benzodiazepines	INTERMEZZO LUNESTA ROZEREM	<i>eszopiclone</i> , <i>zolpidem</i> , <i>zolpidem ext-rel</i> , SILENOR
<i>Testosterone Replacement *</i> Androgens	<i>testosterone gel 1%⁵</i> ANDROGEL FORTESTA NATESTO TESTIM VOGELXO	ANDRODERM, AXIRON

Category * Drug Class	Formulary Options
Autoimmune and Hepatitis C *	For Autoimmune and Hepatitis C, CVS Caremark will be implementing an Indication Based Formulary for 2017 which may result in additional exclusions announced in both classes.
Generics	Limited source generics may be evaluated when appropriate and potentially excluded.
Hyperinflation	Products with significant cost inflation throughout the year may be evaluated and potentially excluded.
New-to-Market Agents ⁴	New-to-market products and new variations of products already in the marketplace will not be added to the formulary until the product has been evaluated, determined to be clinically appropriate and cost-effective, and approved by the CVS Caremark® Pharmacy and Therapeutics Committee (or other appropriate reviewing body).
Specialty	As new specialty products launch, all existing products in the class will be re-evaluated to determine appropriate formulary placement and potentially excluded, added back to formulary or not listed.

The listed formulary options are subject to change.

List of Formulary Drug Removals - Carry Over from 2016

ABILIFY	<i>fluorouracil cream 0.5%</i>	ONGLYZA
ACCU-CHEK STRIPS AND KITS ³	FORTAMET	ORTHOVISC
ACTOS	FORTESTA	OSENI
ADDERALL XR	FOSRENOL	OXYTROL
ADRENACLICK	FREESTYLE STRIPS AND KITS ^{3,4}	PENNSAID
ADVICOR	GENOTROPIN	PLAVIX
AEROSPAN	GLUMETZA	PLEGRIDY
ALTOPREV	HUMALOG	PREVACID
ALVESCO	HUMALOG MIX 50/50	PROTONIX
AMRIX	HUMALOG MIX 75/25	QNASL
ANDROGEL	HUMULIN 70/30 ¹	QSYMIA
APEXICON E	HUMULIN N ¹	RAYOS
APIDRA	HUMULIN R ¹	RELISTOR
ARTHROTEC	INCRUSE ELLIPTA	RHINOCORT AQUA
ASACOL HD	INTERMEZZO	RIOMET
ATACAND	INTUNIV	ROZEREM
ATACAND HCT	INVOKAMET	SAIZEN
AVONEX	INVOKANA	SYMBICORT
BECONASE AQ	JALYN	TESTIM
BREEZE 2 STRIPS AND KITS ³	KAZANO	<i>testosterone gel 1% ⁵</i>
BYDUREON	KOMBIGLYZE XR	TEVETEN
BYETTA	LASTACAPT	TEVETEN HCT
CARAC	LESCOL XL	TRICOR
CARDIZEM	LEVITRA	TUDORZA
CARDIZEM CD	LIPITOR	VALCYTE
CARDIZEM LA (and its generics)	LIPTRUZET	VALTRET
<i>clobetasol spray</i>	LIVALO	VERAMYST
CLOBEX SPRAY	LUMIGAN	VIAGRA
CONTOUR NEXT STRIPS AND KITS ³	LUNESTA	VIEKIRA PAK
CONTOUR STRIPS AND KITS ³	<i>Matzim LA</i>	VOGELXO
CYMBALTA	MONOVISC	XOPENEX HFA
DELZICOL	NAPRELAN	ZETONNA
DETROL LA	NATESTO	ZUBSOLV
DIOVAN	NESINA	
DIOVAN HCT	NORITATE	
EDARBI	NORVASC	
EDARBYCLOR	NUTROPIN AQ	
EUFLEXA	OLEPTRO	
EXFORGE	OLUX-E	
EXFORGE HCT	OMNARIS	
EXTAVIA	OMNITROPE	

List of Formulary Drug Removals - New for 2017

<p> ABSTRAL ALCORTIN A ALOQUIN ALLISON MEDICAL INSULIN SYRINGES ALLISON MEDICAL PEN NEEDLES <i>butalbital-acetaminophen-caffeine capsule</i> CARNITOR CARNITOR SF CRESTOR DAKLINZA DEXPAK DUTOPROL ENABLEX EVZIO GELNIQUE </p>	<p> GLEEVEC HELIXATE FS KLOR-CON/25 LANTUS MILLIPRED NILANDRON NEUPOGEN NEXIUM NOVACORT NOVO NORDISK PEN NEEDLES OPSUMIT OLYSIO PRADAXA PROVENTIL HFA </p>	<p> TASIGNA TECHNIVIE TOBI TOBI PODHALER TOUJEO TRIVIDIA INSULIN SYRINGES ULTIMED INSULIN SYRINGES ULTIMED PEN NEEDLES <i>venlafaxine ext-rel tablets (except for 225 mg)</i> VENTOLIN HFA XENAZINE XTANDI ZEGERID ZEPATIER </p>
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This list represents brand products in CAPS, branded generics in upper- and lowercase *italics*, and generic products in lowercase *italics*. This is not an all-inclusive list of available drug options. Log in to www.caremark.com to check coverage and copy information for a specific drug. Discuss this information with your doctor or health care provider. This information is not a substitute for medical advice or treatment. Talk to your doctor or health care provider about this information and any health-related questions you have. CVS Caremark assumes no liability whatsoever for the information provided or for any diagnosis or treatment made as a result of this information. This list is subject to change. There may be additional plan restrictions. Please consult your plan for further information.

Subject to applicable laws and regulations.

- * This list indicates the common uses for which the drug is prescribed. Some drugs are prescribed for more than one condition.
- ¹ Rebranded or private label formulations are not covered (i.e., RELION).
- ² A ONETOUCH blood glucose meter may be provided at no charge by the manufacturer to those individuals currently using a meter other than ONETOUCH. For more information on how to obtain a blood glucose meter, call: 1-800-588-4456.
- ³ ONETOUCH brand test strips are the only preferred options.
- ⁴ An exception process is in place for specific clinical circumstances that may require continued coverage for FREESTYLE diabetic test strips. If your doctor believes you have a specific clinical need for this product, he or she should fax an exception request to: 1-888-487-9257. Your plan may choose to provide an exception process for additional medications on this list and new-to-market agents.
- ⁵ Listing reflects the authorized generics for TESTIM and VOGELXO.

Your privacy is important to us. Our employees are trained regarding the appropriate way to handle your private health information.

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